

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Total Pages

## UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: MARKUS HALLER ET AL.  
 TITLE: IMPLANTABLE DRUG INFUSION DEVICE HAVING A FLOW REGULATOR

Assistant Commissioner for Patents  
**BOX PATENT APPLICATION**  
 Commissioner of Patents and Trademarks  
 Washington, D.C. 20231

Via Courier

Sir:

We are transmitting herewith the attached:

X **Patent Application Transmittal**X **Specification:**

**Total pages:** 23 (including claims and abstract) :Spec. 14 sheets; Claims 8 sheets;  
 Abstract 1 sheet

X **Drawings:**

Total sheets: 6  
☐ formal ☒ informal

**Combined Declaration and Power of Attorney:**

- ☐ newly executed  
☒ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**Accompanying application parts:**

- ☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☐ Information Disclosure Statement  
☒ Information Disclosure Statement of prior application  
☒ PTO Form 1449 of prior application  
☐ Copies of IDS citations  
☒ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
☒ Return Postcard

**IF A CONTINUING APPLICATION:**

- X **Continuation** ☐ **Divisional** ☐ **Continuation-in-part (CIP)**  
 of prior application No. 09/017,194.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐  
 continuation ☐ division ☐ continuation in part of application number     , filed     .
- ☐ Cancel in this application original claims      of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- X **The prior application is assigned of record to Medtronic, Inc.**
- X **The Power of Attorney in the prior application is to: Medtronic, Inc.**

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☐ Address all future correspondence to: Thomas F. Woods, Reg. No. 36,726  
**Medtronic, Inc.**, MS 301  
7000 Central Avenue NE  
Minneapolis, Minnesota 55432  
phone: (612)514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	03	20	= 0	x 18	\$
Independent Claims	01	03	= 0	x 78	\$
Multiple Dependent Claims				+ 270	
Basic Filing Fee					\$710
TOTAL					\$710

X Charge Deposit Account No. 13-2546 the sum of \$ 710.00 (Filing Fee) for a total of \$ 710.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

11-10-00

  
Thomas F. Woods, Reg. No. 36,726  
MEDTRONIC, INC.  
7000 Central Avenue N.E.  
Minneapolis, Minnesota 55432  
Telephone: (763) 514-3652